

Table 124. Nursing home average monthly charges per resident and percent of residents, according to primary source of payments and selected facility characteristics: United States, 1985, 1995, and 1999

[Data are based on reporting by a sample of nursing homes]

	<i>All sources</i>	<i>Own income or family support¹</i>				<i>Medicare</i>			<i>Medicaid</i>		
<i>Facility characteristic</i>	<i>1999</i>	<i>1985</i>	<i>1995</i>	<i>1999</i>	<i>1985</i>	<i>1995</i>	<i>1999</i>	<i>1985</i>	<i>1995</i>	<i>1999</i>	
Average monthly charge ²											
All facilities	\$3,891	\$1,450	\$3,081	\$3,947	\$2,141	\$5,546	\$5,764	\$1,504	\$2,769	\$3,505	
Ownership											
Proprietary	3,698	1,444	3,190	3,984	2,058	5,668	5,275	1,363	2,560	3,312	
Nonprofit and government	4,225	1,462	2,967	3,903	*	5,304	6,548	1,851	3,201	3,918	
Certification ³											
Both Medicare and Medicaid	4,060	---	3,365	4,211	---	5,472	5,887	---	2,910	3,626	
Medicare only	4,437	---	3,344	3,873	---	*	*	...	...	...
Medicaid only	2,508	---	2,352	2,533	...	...	...	---	2,069	2,501
Neither	2,360	---	2,390	2,685	...	...	...	...	...	...
Bed size											
Less than 50 beds.	3,808	886	3,377	3,358	*	*	*	1,335	2,990	3,533	
50–99 beds	3,627	1,388	2,849	3,698	1,760	4,929	*	1,323	2,335	3,121	
100–199 beds.	3,867	1,567	3,138	4,160	2,192	4,918	5,318	1,413	2,659	3,487	
200 beds or more	4,281	1,701	3,316	4,029	2,767	4,523	5,912	1,919	3,520	4,011	
Geographic region											
Northeast	4,852	1,645	4,117	5,300	2,109	4,883	6,368	2,035	3,671	4,397	
Midwest	3,474	1,398	2,650	3,413	2,745	5,439	4,726	1,382	2,478	3,239	
South	3,263	1,359	2,945	3,467	2,033	4,889	4,859	1,200	2,333	2,943	
West	4,725	1,498	3,666	4,868	1,838	8,825	*	1,501	2,848	3,865	
Percent of residents											
All facilities	100.0	41.6	27.8	23.7	1.4	9.9	14.7	50.4	60.2	58.7	
Ownership											
Proprietary	100.0	40.1	24.1	20.2	1.6	10.4	14.2	52.1	63.8	62.9	
Nonprofit and government	100.0	44.9	34.3	30.2	*	9.2	15.5	46.6	54.0	51.1	
Certification ³											
Both Medicare and Medicaid	100.0	---	23.1	21.5	---	11.6	15.5	---	63.9	60.4	
Medicare only	100.0	---	71.2	71.4	---	16.2	*21.0	...	...	...
Medicaid only	100.0	---	32.1	21.9	...	...	...	---	63.0	69.5
Neither	100.0	---	91.0	73.6	...	...	...	...	...	...
Bed size											
Less than 50 beds.	100.0	53.1	35.3	40.3	*	13.1	*15.9	33.8	49.9	42.5	
50–99 beds	100.0	49.5	34.5	28.3	*	6.2	12.4	42.9	57.6	56.9	
100–199 beds.	100.0	39.6	26.2	21.8	1.5	10.6	15.0	55.2	61.5	61.0	
200 beds or more	100.0	30.1	22.0	20.1	*	12.1	16.3	57.7	62.4	58.1	
Geographic region											
Northeast	100.0	34.8	18.2	18.0	1.7	14.0	16.4	52.9	64.9	62.3	
Midwest	100.0	49.1	36.3	32.9	*	6.7	13.3	45.9	55.8	51.1	
South	100.0	39.4	26.1	19.2	*	10.1	14.9	53.8	62.2	63.5	
West	100.0	40.4	27.9	23.9	*	10.5	13.9	49.2	57.9	57.8	

* Data not shown have a relative standard error greater than 30 percent. After 1995 data preceded by an asterisk have a relative standard error of 20–30 percent.

--- Data not available.

... Category not applicable.

¹Includes private health insurance.

²Includes life-care residents and no-charge residents.

³Starting in 1995 the certification categories were based on Medicare and Medicaid certification.

NOTE: Data for additional years are available (see Appendix III).

SOURCES: Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.